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FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner J. McClellan
Group Art Unit 3627, USPTO

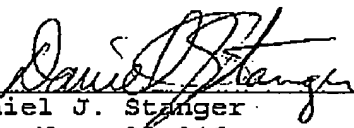
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/673,469
Attorney Docket No.: NIP-252-02

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL; AND
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Daniel J. Stanger
Reg. No. 32,846

July 26, 2005

Date

Total Number of Pages (including cover sheet): 12

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FORM PTO-1083

PATENT

Case Docket No. NIP-252-02

In RE application of Y. MIZUMACHI et al.

Serial No.: 10/673,469

Group Art Unit: 3627

Filed: September 30, 2003

Examiner: J. MCCLELLAN

For: A METHOD AND SYSTEM FOR SUPPLYING MANAGEMENT AND MAINTENANCE PARTS

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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Percent Extra
Total	5	Minus	20	-	0
Indep.	2	Minus	3	-	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☐ A check in the amount of \$ _____ is attached in payment of: _____.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Daniel J. Stanger
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Attorney for Applicant(s)

Date: July 26, 2005

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NIP-252-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Y. MIZUMACHI et al.

Serial No. 10/673,469

Group Art Unit: 3627

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MANAGEMENT AND MAINTENANCE PARTS

REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

July 26, 2005

Sir:

In Reply to the Office Action mailed April 26, 2005,
please amend the above application as set forth below.